



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Itoh

Group Art Unit: 3737

Serial No.: 10/815,479

Examiner: Shih

Filed: March 31, 2004

For: OPHTHALMOLOGIC IMAGE PICKUP SYSTEM

INFORMATION DISCLOSURE STATEMENT

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Sir:

Pursuant to Rule 56, applicant hereby calls the attention of the Patent Office to the references listed on the attached Form PTO 1449.

Copy(ies) of these references:

- ☒ Foreign Patent Applications, Foreign Patents and/or Other Non-Patent Documents are attached (Copies of cited U.S. Patents/Publications are not provided).
- ☐ Were filed in related application U.S. Serial No(s) _____, filed _____, respectively.
- ☐ This document is being filed within three (3) months of the filing date of the application
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Respectfully submitted,
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Dated: February 9, 2006

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FORM PTO-1449A INFORMATION DISCLOSURE CITATION	Attorney Docket: 1232-5360	Serial No.: 10/815,479
	Applicant: Itoh	
	Filing Date: 03/31/04	Group Art Unit: 3737

U.S. PATENT / PUBLICATION DOCUMENTS

Examiner Initial		Patent/Publication Number	Publication/Issue Date	Name	Filing Date
	1.	2002/140825	10/03/02	Terashita	
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				

FOREIGN PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Country	Copy Filed	Translation
	15.	4-317629	11/09/92	Japan	<input checked="" type="checkbox"/> Yes	Abstract Only
	16.	10-179523	07/07/98	Japan	<input checked="" type="checkbox"/> Yes	Abstract Only
	17.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Examiner	Date Considered
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.	